

State/Territory: GUAM

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 1.a. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- b. Provided: ☒ Abortion ☒ With limitations

- 2.a.1 Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- a.2 Provided ☒ Abortion ☒ With limitations

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations*

- 4.a. Skilled nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations ☒ With limitations*

- b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

Provided: ☒ Limited to Federal requirements ☐ In excess of Federal requirements*

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☒ No limitations ☐ With limitations*

5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

Provided: ☒ No limitations ☐ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
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d. Other practitioners' services.

☐ Provided: Identified on attached sheet with description of
limitations, if any.

☒ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ☐ No limitations ☒ With limitations*

d. Physical therapy, occupational therapy, or speech pathology and
audiology services provided by a home health agency or medical
rehabilitation facility.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

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ATTACHMENT 3.1-A

Page 4

OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL
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9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- b. Dentures.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- c. Prosthetic devices.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- d. Eyeglasses.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
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b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Rehabilitative services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

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- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

17. Nurse-midwife services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☐ Provided: ☐ With limitations

☒ Not provided.

20. Extended services to pregnant women.

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

☒ Provided: ⁺ ☐ No limitations ☐ With limitations*

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ⁺ ☐ No limitations ☐ With limitations*

☐ Not provided.

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

+ List of major categories of services (e.g., inpatient hospital, physician, etc.) that are available as pregnancy-related services, and description of additional coverage of these services, if applicable, provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Skilled nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

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ATTACHMENT 3.1-A

Attachment 3.1-A identifies the medical and remedial services provided to the categorically needy and specifies all limitations on the amount, duration and scope of those services.

1. Inpatient Hospital Services

Inpatient hospital services include those items and services ordinarily furnished by an approved hospital for the care and treatment of inpatients which are provided under the direction of a physician or dentist in an institution maintained primarily for treatment with disorders other than tuberculosis and mental diseases.

A. Provider Eligibility Requirements

An approved hospital is one which meets all of the following conditions:

1. Licenses as a general hospital by the State of Guam; and
2. Qualified to participate under Title XVIII of the Social Security Act, and has in effect a hospital

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- 1 -

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Not provided.

23.d. Skilled Nursing Facility Services for under 21 Years Old

Skilled nursing facility services for clients under 21 years old means services that are provided to recipients under 21 years old on an inpatient basis by a skilled nursing facility.

A. Provider Eligibility Requirements (See 4.a.).

B. Benefit Limitations (See 4.a.).

23.e. Emergency Hospital Services

A. Emergency hospital services means:

1. Services necessary to prevent the death or serious impairment of the health of a recipient; and
2. Services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life or health of the recipient even if the hospital does not currently meet:

a. The conditions for participation under Medicare; or

b. The definitions of inpatient or outpatient hospital services under the Guam Medicaid State Plan.

B. Benefit Limitations

Emergency services, as described above, may only be provided to eligible recipients only and may not be provided to treat an illegal alien for an emergency medical condition.

23.f. Personal Care Services in Recipient's Home

Not provided.